



**POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)  
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

**(CFA-2)**

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE**

**FILE NUMBER**

**1. IS THIS AN AMENDMENT?** ☐ No ☒ Yes If Yes, please enter the file number in this box →

**5856**

**SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

**2. Full Name of Committee (Do not abbreviate)** ☐ Check if this is a new name

**Warren Township GOP Club**

**3. Acronym or Abbreviated Name (if any)**

**4. Mailing Address (Address where all campaign finance correspondence is received)** ☐ Check if this is a new address

**2502 Silver Lane Dr.**

**5. E-mail Address (Optional)**

**lbuell@prodigy.net**

<b>6. City</b> <b>Indianapolis</b>	<b>State</b> <b>IN</b>	<b>ZIP Code</b> <b>46203-5663</b>	<b>7. FAX (Optional)</b> ( )	<b>8. Telephone</b> ( <b>317</b> ) <b>322-5930</b>	<b>9. Committee Organization Date (MM-DD-YY)</b> <b>1-1-09</b>
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**10. Is this committee registered with the Federal Election Commission?** ☐ Yes ☒ No

**11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3?** ☐ Yes ☒ No

**12. State the purpose of the committee and on which issues the committee expects to focus.**

**To be a vehicle for Republicans in Warren Township to gather socially and to support the election of Republicans to office.**

**13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.**

**Marion County Republican Central Committee  
47 S. Pennsylvania St., Indianapolis, IN 46204**

**14. Is this committee supporting a political party's entire ticket?** ☒ Yes ☐ No

**Check party affiliation if applicable:** ☐ Democratic ☐ Libertarian ☒ Republican

☐ Other

**15. If supporting or opposing a public question, state both the subject of the question AND the committee position.**

**None**

**16. Chairperson's Name** ☒ Check if this is a new chairperson

**Gary Whitmore**

**17. E-mail Address (Optional)**

**18. Mailing Address** ☒ Check if this is a new address

**2454 Larnie Ln., Indianapolis, IN 46219**

**19. Telephone (Day)**

( **317** ) **442-6262**

**20. Telephone (Evening)**

( **317** ) **897-6972**

**21. Treasurer's Name** ☐ Check if this is a new treasurer

**Lawrence L. Buell**

**22. E-mail Address (Optional)**

**lbuell@prodigy.net**

**23. Mailing Address** ☐ Check if this is a new address

**2502 Silver Lane Dr., Indianapolis, IN 46203**

**24. Telephone (Day)**

( **317** ) **322-5930**

**25. Telephone (Evening)**

( **317** ) **322-5930**

**26. Custodian of Records' Name** ☐ Check if this is a new custodian

**Lawrence L. Buell**

**27. E-mail Address (Optional)**

**lbuell@prodigy.net**

**28. Mailing Address** ☐ Check if this is a new address

**2502 Silver Lane Dr., Indianapolis, IN 46203**

**29. Telephone (Day)**

( **317** ) **322-5930**

**30. Telephone (Evening)**

( **317** ) **322-5930**

**31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)**

**Indiana Members Federal Credit Union**

**SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

**32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.**

**Person Appointed Treasurer**

**Lawrence L. Buell**

**Signature of the Committee Chairperson**

**SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

**33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.**

**34. Typed or Printed Name of Treasurer**

**Lawrence L. Buell**

**Signature of Treasurer**

**Date (MM-DD-YY)**

**4-9-12**

**SECTION D. CERTIFICATION OF STATEMENT**

**I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.**

**35. Typed or Printed Name of Chairperson**

**Gary Whitmore**

**Signature of Chairperson**

**Date (MM-DD-YY)**

**4-9-12**

**FOR OFFICE USE ONLY**

*Elizabeth A. White*

**APR 16 2012**

**FILED**

**Warning:** Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)